

Your Health Insurance Benefits

Plan Year Deductible (must be satisfied before coinsurance is paid)
Maximum Coinsurance & Medical Co-Pays paid by participant
Annual Out-of-Pocket Maximum (deductible, coinsurance, & medical co-pays)
PHYSICIAN OFFICE VISITS
Primary Care Physician Office visit
Specialty Office visit
Allergy testing / serum
Allergy shots
Maternity Services (beyond initial visit)
Pathology Services
Surgery, Radiology & Pathology (office)
Chemotherapy/Radiation Therapy
Routine Vision Exam plus Refraction
PREVENTIVE EXAMS
Flu Shots
Annual exams (includes foot exams for diabetics)
Immunizations - Child & Adult
Pneumococcal immunizations
Well baby exams
Diabetes vision screening
Mammogram
Pap smear
Colonoscopy
Prostate cancer screening
EMERGENCY CARE
Ambulance
Urgent care center
Hospital emergency room
HOSPITAL SERVICES
Inpatient hospital
Ambulatory Surgical Center
Approved skilled nursing facility
Outpatient hospital services (diagnostic lab., radiology)
Durable medical equipment
Home health care, Hospice care
BEHAVIORAL HEALTH SERVICES
Inpatient
Outpatient
OTHER SERVICES
Chiropractic Office visit (Limit 60 sessions per year)
Therapy - Occupational, Physical, Speech (Limit 60 sessions per year)
Hearing aids & exam (Limit \$1,500 every 3 years)

Wellness Health Plan

In-Network	Out-of-Network
\$600 individual \$1,200 family	\$800 individual \$1,600 family
\$1,700 individual \$3,400 family	\$3,700 individual \$5,300 family
\$2,300 individual \$4,600 family	\$4,500 individual \$6,900 family
\$25 copay	30% after deductible
\$35 copay	
Plan pays 100%	
Plan pays 100%	
Plan pays 100%	
Paid at 100% up to \$500; then 20% after deductible	Not covered
20% after deductible	
20% after deductible	
\$35 copay	Not covered
Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventive screenings.	Covered at 30% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside of National Health Care Reform guidelines, they are not covered.
Plan pays 100%	30% after deductible
Plan pays 100%	
\$35 copay	30% after deductible
20% after deductible	
20% after deductible	30% after deductible
20% after deductible	30% after deductible
\$25 copay	
\$35 copay	30% after deductible
\$25 copay	
20% after deductible	30% after deductible

Regular Health Plan		High Deductible Health Plan (HDHP) (Ending 6/30/15)		Consumer Focused Health Plan (HSA Eligible)	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$800 individual \$1,600 family	\$1,200 individual \$2,400 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family
\$2,800 individual \$5,600 family	\$5,000 individual \$10,000 family	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
\$3,600 individual \$7,200 family	\$6,200 individual \$12,400 family	\$4,500 individual \$9,000 family	\$9,000 individual \$18,000 family	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
\$30 copay	40% after deductible	\$30 copay	40% after deductible	20% after deductible	40% after deductible
\$40 copay		\$40 copay			
20% after deductible		30% after deductible			
Not covered		Not covered		Not covered	
Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside of National Health Care Reform guidelines, they are not covered.	Covered at 40% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside of National Health Care Reform guidelines, they are not covered.	Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside of National Health Care Reform guidelines, they are not covered.	Covered at 40% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside of National Health Care Reform guidelines, they are not covered.	Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside of National Health Care Reform guidelines, they are not covered.	Covered at 40% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside of National Health Care Reform guidelines, they are not covered.
Not covered		Not covered		Not covered	
20%; deductible waived		30%; deductible waived		20% after deductible	
20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible		30% after deductible		20% after deductible	
20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	30% after deductible	30% after deductible	20% after deductible	40% after deductible
\$30 copay		\$30 copay			
20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after Deductible	40% after Deductible